

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---------------------|--|--|---|--|--|--|--|--|--|--|--|--|
| MEMBER INVOLVED | 1. DATE OF INCIDENT 11-NOV-2016 | | TIME 04:30:00 | | 2. ADDRESS OF OCCURRENCE 1333 N CLEVELAND AVE CHICAGO, IL | | 3. LOCATION CODE 289 | | 4. SECTOR 1821 | | 5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO | |
| | 6. POSITION 9161 | | 7. LAST NAME BAKER | | 8. FIRST NAME THOMAS J | | 9. STAR NO. 14366 | | 10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 11. RACE CODE WHI | |
| | 15. DATE OF APPT. 27-AUG-2007 | | 16. EMPLOYEE NO. | | 17. UNIT & SEAT OF ASSIGNMENT 018 1821R | | 18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | |
| SUBJECT INFORMATION | 21. LAST NAME JONES | | 22. FIRST NAME PIERRE | | 23. M.I. | | 24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 25. RACE BLK | | 26. D.O.B. 23-NOV-1963 | |
| | 29. ADDRESS 1444 N CLYBOURN AVE CHICAGO, IL 60610 | | 30. TELEPHONE NO. | | 31. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 13. HT. 601 | |
| | 34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Appeared/None | | 35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER | | 36. BY WHOM? DR ORTEGA | | 37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | 27. HT. 604 | | 28. WT. 180 | |
| | 38. CHARGES PLACED | | 39. CB NO. 19396499 | | IR NO. | | DNA | | DNA | | DNA | |
| | ***** PLEASE SEE NEXT PAGE ***** | | | | | | | | | | | |

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| REASON FOR USE OF FORCE (Check all that apply) | SUBJECT'S ACTIONS | 40. PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAULT/ASSAULT | | ASSAULT/BATTERY | | ASSAULT/DEADLY FORCE | |
| | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____ | | FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER THROWING PUNCHES/HEAD-BUTTS _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____ | |
| MEMBER'S RESPONSE | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OCCHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> LEAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input checked="" type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER MOTOROLA RADIO | | FIREARM <input type="checkbox"/> OTHER _____ | | | | |

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|---------------------------|--|--|--|--|---|--|---|--|--|--|---|--|
| WEAPON DISCHARGE INCIDENT | 41. * OCCHEMICAL WEAPON AUTHORIZED BY (NAME) | | RANK | | STAR NO. | | UNIT NO. | | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | |
| | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | 46. WEAPON TYPE | | 47. INCIDENT OCCURRED | | 48. LIGHTING CONDITIONS | |
| | 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/> | | Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> | | 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial <input type="checkbox"/> | | CLEAR | | 49. WEATHER CONDITIONS | | 50. MAKE/MANUFACTURER | |
| | 51. TASER PART ID NO. | | 52. WEAPON SERIAL No. (Include Letters) | | 53. CHICAGO GUN REG. NO. | | 54. IL FIREARM OWNER ID. NO. | | 55. HANDGUN CERTIFICATE NO. | | 56. MODEL | |
| | 57. SPECIAL WEAPON CERTIFICATE NO. | | 58. PROPERTY INVENTORY NO. | | 59. TYPE OF AMMUNITION USED | | 60. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. | | 61. TOTAL NO. OF SHOTS MEMBER FIRED | | 62. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | |
| | 63. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) | | 64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 65. HOW WAS MEMBER'S HANDGUN CRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 66. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 67. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 68. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | |
| | 69. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 70. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 25 - 50 FT. <input type="checkbox"/> 03 50 - 75 FT. <input type="checkbox"/> 04 OVER 75 FT. | | 71. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) | | 72. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 UNKNOWN <input type="checkbox"/> 06 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION | | 73. EVENT NO. 1631601759 | | 74. R.D. NO. HZ5108 | |

LOG # 1082952
Attachment # 8

| | | | | | |
|---------------------|---|--|-----------------------------------|---|---------------------------------|
| CASE INFORMATION | 77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | 75. EVENT NO. 1631601759 | |
| | 78. ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 40px;"></div> | | | | |
| SIGNATURES | 79. REPORTING MEMBER (Print Name) BAKER, THOMAS J 11-NOV-2016 08:54:11 | | STAR/EMPLOYEE NO. 14366 | SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div> | 76. R.D. NO. HZ510861 |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | |
| | 80. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A | | STAR NO 2075 | SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div> | |

SUBJECT
INFORMATION

NO. CHARGES PLACED

☐ DNA

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-5-A, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

LEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPON'S DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LEUTENANT WHERE A LEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

61. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender was taken to IL Masonic Hospital directly, so R/Lt was unable to interview him.

62. LEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Officer Baker explained that his police radio came out of his vest during the offender's attack. Officer Baker used the radio to hit the offender on the head to terminate the attack. Because of the location of the offender's injury and the instrument used, the R/Lt believes that further investigation is necessary.

63. LEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 903-J2-05.

64. LEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1082952 OBTAINED

65. LEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

66.

TRR _____ OF _____ TRR(S)

67. DISTRIBUTION OF TRR

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

11-NOV-2016 11:21:14